Online Supplement

Authors' affiliations

Brian S. Decker: Department of Medicine, Division of Nephrology, Indiana University School of Medicine, USA
David S. Goldfarb: Nephrology, New York Harbor VA Healthcare System and NYU School of Medicine, New York, USA
Paul I. Dargan: Guy's and St. Thomas' NHS Foundation Trust and King's College, London, UK
Marjorie Friesen: Department of Pharmacy, McGill University Health Centre, McGill University, Montréal, QC, Canada
Sophie Gosselin: Department of Emergency Medicine, Medical Toxicology Service, McGill University Health Centre, McGill University, Montreal, QC, Canada
Robert S. Hoffman: Division of Medical Toxicology, Ronald O. Perelman Department of Emergency Medicine, New York University School of Medicine
Valéry Lavergne: Department of Medical Biology, Sacre-Coeur Hospital, University of Montreal, Montreal, QC, Canada, New York, USA
Thomas D. Nolin: Department of Pharmacy and Therapeutics, and Department of Medicine Renal Electrolyte Division, University of Pittsburgh Schools of Pharmacy and Medicine, Pittsburgh, PA, USA
Marc Ghannoum: Department of Nephrology, Verdun Hospital, University of Montreal, Montreal, QC, Canada

Contributors' affiliations

Kurt Anseeuw: ZNA, campus Stuivenberg, Emergency Medicine, Antwerpen, Belgium
Ashish Bhalla: Department of Internal Medicine, Post Graduate Institute of Medical Education and Research, Chandigarh. India
Emmanuel A. Burdmann: University of Sao Paulo Medical School, Division of Nephrology, Sao Paulo, Brazil
Diane P. Calello: Department of Emergency Medicine, Medical Toxicology Service, Morristown Medical Center, Morristown, New Jersey, USA
Tais F. Galvao: Getulio Vargas University Hospital, Federal University of Amazonas, Manaus, AM, Brazil
Lotte C. Hoegberg: Danish Poisons Information Centre, Department
of Anaesthesiology, Copenhagen University Hospital Bispebjerg, Copenhagen, Denmark
David N. Juurlink: Departments of Medicine, Pediatrics and the Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, ON, Canada
Jan T. Kielstein: Department of Nephrology and Hypertension, Hannover Medical School, Hannover, Germany
Martin Laliberté: Department of Emergency Medicine, McGill University Health Centre, McGill University, Montreal, QC, Canada
Yi Li: Emergency Department, Peking Union Medical College Hospital, Beijing, China
Kathleen D. Liu: Division of Nephrology, Department of Medicine, University of California, San Francisco, USA
Robert MacLaren: University of Colorado School of Pharmacy, Clinical Pharmacy, Aurora, US
Robert Mactier: NHS Greater Glasgow & Clyde, Renal Services, Glasgow, UK
Bruno Mégarbane : Hôpital Lariboisière, Réanimation Médicale et Toxicologique, INSERM U1144, Université Paris-Diderot, Paris, France
James B. Mowry: Indiana University Health, Indiana Poison Center, Indianapolis, US
Véronique Phan: Department of Pediatric Nephrology, CHU Ste-Justine, University of Montreal, Montreal, Qc, Canada
Darren M. Roberts: Burns, Trauma and Critical Care Research Centre, School of Medicine, Royal Brisbane and Women's Hospital, Butterfield Street, Herston, Queensland, Australia
Kevin M. Sowinski: Department of Pharmacy Practice, College of Pharmacy, Purdue University, West Lafayette and Indianapolis, IND, USA
Timothy J. Wiegand: The University of Rochester Medical Center and Strong Memorial Hospital, Rochester, USA
James F. Winchester: Division of Nephrology, Mount Sinai Beth Israel, New York, NY
Christopher Yates: Emergency Department and Clinical Toxicology Unit, Hospital Universitari Son Espases, Mallorca, Spain

Table S1: Strength of Recommendation and Level of Evidence Scaling for Clinical Outcomes

Strength of recommendation (consensus-based)	**Level of evidence (based on GRADE system)**
Level 1 = Strong recommendation = "We recommend…" *The course of action is considered appropriate by the large majority of experts with no major dissension The panel is confident that the desirable effects of adherence to the recommendation outweigh the undesirable effects.* Level 2 = Weak recommendation = "We suggest…" *The course of action is considered appropriate by the majority of experts but some degree of dissension exists amongst the panel. The desirable effects of adherence to the recommendation probably outweigh the undesirable effects.* Level 3 = Neutral recommendation = "It would be reasonable…" *The course of action could be considered appropriate in the right context.* No recommendation *No agreement was reached by the group of experts.*	Grade A = High level of evidence *The true effect lies close to our estimate of the effect.* Grade B = Moderate level of evidence *The true effect is likely to be close to our estimate of the effect, but there is a possibility that it is substantially different.* Grade C = Low level of evidence *The true effect may be substantially different from our estimate of the effect.* Grade D = Very low level of evidence *Our estimate of the effect is just a guess, and it is very likely that the true effect is substantially different from our estimate of the effect.*

Table S2: Criteria Used to Define Dialyzability

Dialyzability[A]	Primary criteria	Alternative criteria 1	Alternative criteria 2	Alternative criteria 3
	% Removed[B]	CL_{ECTR}/ CL_{TOT} (%)[C]	$T_{1/2\ ECTR}$ / $T_{1/2}$ (%)	Re_{ECTR}/Re_{TOT} (%)[C]
D, Dialyzable	>30	>75	<25	>75
M, Moderately dialyzable	>10 – 30	>50 – 75	>25 - 50	>50 – 75
S, Slightly dialyzable	≥3 – 10	≥25 – 50	≥50 - 75	≥25 – 50
N, Not dialyzable	<3	<25	>75	<25

[A] Applicable to all modalities of ECTR, including hemodialysis, hemoperfusion, hemofiltration.

[B] Corresponds to % removal of ingested dose or total body burden in a 6-hour ECTR period.

[C] Measured during the same period of time.

Legend: ECTR = Extracorporeal treatment, CL_{ECTR} = Extracorporeal clearance CL_{TOT} = Total clearance, RE_{ECTR} = Extracorporeal removal, RE_{TOT} = Total removal, $T_{1/2\ ECTR}$= Half-life during ECTR, $T_{1/2}$ = Half-life off ECTR

[*] These criteria should only be applied if measured or calculated (not reported) endogenous half-life is > 4h (otherwise, ECTR is considered not clinically relevant). Furthermore, the primary criteria is preferred for poisons having a large Vd (> 5L/Kg)

Reproduced with permission from Clinical Toxicology [Lavergne V, Nolin TD, Hoffman RS, et al. The EXTRIP (EXtracorporeal TReatments In Poisoning) workgroup: guideline methodology. ClinToxicol (Phila).2012;50(5):403-413.

Figure S1: Delphi Method (2 rounds) for Each Recommendation